

Application Data Sheet

Application Information

Application number::	
Filing Date::	01/14/04
Application Type::	Regular
Subject Matter::	Utility
Title::	PLATFORM LINK WRIST MECHANISM
Attorney Docket Number::	017516-009410US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	4
Total Drawing Sheets::	24
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	DANIEL
Middle Name::	T.
Family Name::	WALLACE
City of Residence::	Redwood City
State or Province of Residence::	CA
Street of Mailing Address::	621 Glenloch Way
City of Mailing Address::	Redwood City
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: S. CHRISTOPHER
Family Name:: ANDERSON
City of Residence:: Northampton
State or Province of Residence:: MA
Street of Mailing Address:: 371 Prospect Street
City of Mailing Address:: Northampton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01060

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: SCOTT
Family Name:: MANZO
City of Residence:: Shelton
State or Province of Residence:: CT
Street of Mailing Address:: 272 E. Village Road
City of Mailing Address:: Shelton
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06484

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	10/186,176	06/28/02
10/186,176	Non-Provisional of	60/301,967	06/29/01
10/186,176	Non-Provisional of	60/327,702	10/05/01

Assignee Information

Assignee Name::	INTUITIVE SURGICAL, INC.
Street of mailing address::	950 Kifer Road
City of mailing address::	Sunnyvale
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94086